December 27, 2002

## **MEMORANDUM**

TO:          SHERIFFS

RE:          FISCAL YEAR BUDGET REQUEST FOR FISCAL YEAR
             ENDING JUNE 30, 2004 (FY04)

Enclosed are the fiscal year budget request instructions to access your <u>Online Budget Request</u>.  This system was designed for all Constitutional Officers to submit requests for salaries and allowances for the fiscal year ending June 30, 2004.  The provisions of §15.2-1636.7, <u>Code of Virginia</u> (1950), as amended, require the Online Budget Request to be submitted to the Compensation Board **on or before February 1, 2003.**

This budget package contains the following:

    A. FY04 Budget Preparation Guidelines.

    B. On-Line Budget Request System User Guide for Sheriffs:

        1. Information necessary to complete the Budget Request.

        2. Specific computer instructions.

        3. Budget Submission Check Off List.

        4. Certification of participation in an employee performance evaluation plan.

The Fiscal Year Budget Request for the Fiscal Year ending June 30, 2004 is an online computer system accessed through the State Network Interface Project (SNIP).  Please review the supplied data for accuracy.  You should amend any inaccuracies that may appear.

Please keep in mind, if the change is a personnel action (CB10) that has not been entered into the SNIP system, **enter the online CB10 form immediately**, so that this approved change will be documented. Documentation will also be required from you for actions affecting your July 1, 2003 base budget, if different from the supplied data. Provide all justification required along with Job Descriptions if you are requesting any position reclassification and have not been delegated classification authority. Please complete all required fields, as the system will not allow you to certify (sign off) the request until all required fields have been completed.

**Please ensure that your Online Budget Request and documentation are received by the Compensation Board not later than February 1, 2003, as required by §15.2-1636.7, Code of Virginia, and that you notify the Governing Body of your locality when the Online Budget Request is available for them to view.**

Should you have questions regarding the Online Budget Request System please call your program technician, Pat McCoy, extension #209 or Jennifer Anderson, extension #208 at (804) 786-0786.

Sincerely,

Bruce W. Haynes
Executive Secretary

Attachments

Copy to:     Governing Body (w/o Attachments)
             James W. Matthews, Assistant Executive Secretary
             Alice M. Coe, Manager, Customer Service
             Charlene M. Rollins, Lead Management Analyst
             Pat McCoy, Senior Fiscal Technician
             Jennifer Anderson, Senior Fiscal Technician

# FY03 BUDGET PREPARATION GUIDELINES

To assist you in completing the Online Budget Request, the following are a few items which you should have available as you begin working on your budget request.

- The Compensation Board (CB) Operating Manual (available on the CB Website)
- December 1, 2002, Salary Scale (available on the CB website)
- Compensation Board Approved Budget FY03
- Compensation Board Actions affecting your Base Budget
- Years and Months you and your employees have each been in a full-time Compensation Board funded position.
- CB10 forms approved after 12/31/02
- Workload Data for calendar year 2002
- The Compensation Board Website address is www.scb.state.va.us

Please keep in mind that these screens **'TIME OUT' after 15 minutes of inactivity.** This means that if you must leave to pull information after you get to a particular screen, your computer may log you off before you get back to enter the necessary data. Information that was previously entered may also have to be reentered.

The system will allow you to scroll through your entire Budget Request without returning to the menu.

# ON-LINE BUDGET REQUEST

### SYSTEM USER GUIDE
### FOR SHERIFFS

**This page left intentionally blank.**

# TABLE OF CONTENTS

```
11/15/01                    COMMONWEALTH OF VIRGINIA                    SCBRLO01
                              COMPENSATION BOARD
                             --- MAIN MENU ---
        YYMM:
   LOCALITY: 001            1.  Permanent Personnel Process
     OFFICE: 304            2.  Temporary Personnel Process
                            3.  Office Expense Process
                            4.  Equipment/Services/Mileage Process
                            5.  Additional Allowance Process
                            6.  Certification/Approval Process
                            7.  Compensatory Time Process
                            L.  Locality Comments
                            P.  Personnel Status Change (CB10 Submenu)
                            F.  Funds Transfer
                            S.  Substitute Prosecutor
                            B.  Online Budget Processing
                            M.  Return To Main Menu
                            X.  Exit Reimbursement Process


                             ENTER SELECTION: B
```

**Figure 1**                    **SNIP MAIN MENU**


From the SNIP main menu, enter selection "B" to access the screens for the On-line Budget submission.

## COMPENSATION BOARD MAIN MENU (SNIP)

1. "TAB" to LOCALITY:＿ enter your locality's FIPS code

2. "TAB" to OFFICE:＿＿＿ enter 304 (Sheriffs),

3. "TAB" to ENTER SELECTION:＿ enter the letter "B"

4. Press the "ENTER" key to proceed to the next screen

```
11/15/01                    COMMONWEALTH OF VIRGINIA                    SCBBLO02
                               COMPENSATION BOARD

                           ONLINE BUDGET PROCESSING
                             --- MAIN MENU ---


 Year Requested: 2004    1.  Online Budget Processing
                         M.  Return To Main Menu
                         X.  Exit Online Budget Process



                         ENTER SELECTION:1
```

**Figure 2**                  **ONLINE BUDGET MAIN MENU SCREEN**


Fiscal Year 2004 will be entered for you.  If you wish to view information for prior fiscal years, simply type over the 2004 entry with the fiscal year you wish to view.

This screen enables access to the selected fiscal year.

1. "TAB" to ENTER SELECTION __: Type selection number 1
2. Press the "ENTER" key to proceed to the next screen.

```
11/15/01         COMMONWEALTH OF VIRGINIA COMPENSATION BOARD        SCB9LO01
                         ONLINE BUDGET PROCESSING
                            --- SUB MENU ---
                    1. Locality and Officer Information
                    2. Salaries of Current Permanent Employees
Fiscal Yr: 2004     3. Additional Employees Requested
      Loc: 001      4. Part Time Employee Funding
      Off: 304      5. Positions Fully or Partially Funded By
                        Comp Board, Locality or Other Source
                    6. Office Expenses
                    7. Equipment (Not For Clerks)
ENTER               9. Amended Equipment Request (Clerks only)
SELECTION: 1        A. Workload Measures
                    B. Employee Performance Evaluation Certification
                    C. Budget Checkoff List
                    D. Budget Certification/Approval
                    E. Locality Comments
                    F. Review New Permanent Positions
                    G. Audit Workload (Treas & C Rev)
                    M. Return to Main Menu
                    X. Exit Online Budget Process
```

**Figure 3**

## ONLINE BUDGET SUB MENU SCREEN

This menu provides access to all screens related to the On-line Budget system. The entry of your locality and office code will be displayed for you. The four digit fiscal year will be carried forward from the previous screen.  As you use these screens you are encouraged to process them in sequence.  With the completion of the last screen of each process, the depression of the enter key with the selection field blank will take you to the next process.  **In the Budget Certification/Approval process you will not be allowed to enter your user ID to complete your budget submission if any process that has required fields has not been completed.**

## *ONLINE BUDGET SUB-MENU*

1.  FISCAL YEAR, LOCALITY and OFFICE CODE will be displayed for you.

2.  ENTER SELECTION:____ enter number '1'

3.  Press the "ENTER" key to proceed to the next screen

```
Sel: _ (1)              Fiscal Year Budget Request              SCB9UO01
  11/15/01            For Fiscal Year Ending June 30, 2004


 YY: 2004  Loc: 003 Off: 304 Officer: John T. Monroe
                         Chg Officer: _____
                                      SHERIFF ALBEMARLE COUNTY
                                      410 EAST HIGH STREET
                         Chg Add2:    _____


                                      CHARLOTTESVILLE      VA  22902 -  5120
                       Chg City Zip:  _____   _____ -  ____
                                      8049724094
                       Chg Phone #:   _____
                                      8049724065
                         Chg Fax #:   _____

                     E-mail Address:  erobb@albemarle.org
```

**Figure 4**

### ADDRESS CHANGE SCREEN

This screen will be displayed when "1" is selected on the On-line Budget Menu. This screen can be used to correct information related to your office. The Officer Name, Title, Locality Name, Mailing Address, Zip Code, Telephone Number, Fax Number and Email Address from the current file are displayed for your review. The information is provided to allow the correction of the fields that are incorrect. For displayed information that is incorrect, correct information can be typed on the blank line immediately below each line of information. If no email address is listed because you did not have one last year, please enter an address you have now.

## ADDRESS CHANGE

1. Press the "TAB" key to move to the desired field.

2 Press the "ENTER" key, when you have corrected or completed the information requested.

3. Press the "Enter" key to proceed to the next screen, or

4. Type "M" in SEL:__ to return to the main menu.

**Chg Officer:**          Enter Correct Officer's Name, if correct, press "TAB" key.

**Chg Add 2:**          Enter correct P.O.B. or Street Address, if correct, press "TAB" key

**Chg City Zip:**          Enter correct City Zip1 & 2, if correct, press "TAB" key

**Chg Phone #:**          Enter Correct Phone Number, if correct, press "TAB" key

**Chg Fax #:**          Enter Correct Fax Number, if correct press "TAB" key

**E-mail Address:**          Enter correct E-mail Address, if correct press "TAB" key

```
11/15/01                                                          SCB9UO02

 ATTENTION: CONSTITUTIONAL OFFICER

 THESE SCREENS WILL DISPLAY CONFIDENTIAL SALARY INFORMATION FOR ALL
 EMPLOYEES IN YOUR OFFICE


 ********************************************************
 *                       IMPORTANT                     *
 *  READ INSTRUCTIONS CAREFULLY BEFORE PREPARING REQUEST *
 ********************************************************




 ENTER PAGE AT WHICH TO BEGIN (IF OTHER THAN 1):  1
 **OR**
 ENTER 'T' TO GO DIRECTLY TO TOTAL PAGE: _
 **OR**
 ENTER 'M' TO RETURN TO MENU: _
 **OR**
 ENTER SSN AT WHICH TO BEGIN: _____
```

**Figure 5**          **SCREEN PAGE AT WHICH TO BEGIN**


This is the initial screen that will be displayed when selection "2" is made on the On-line
Budget Menu.

## ATTENTION:  CONSTITUTIONAL OFFICERS

**WARNING:**  **These screens will display Salaries and other personal information for all employees in your office.**

1. This screen displays 4 choices.  Upon initial entry into the Budget Request System we strongly recommend that you choose the first option, and begin to scroll from the default page number (1) through the entire permanent personnel.

2. Press the "TAB" key to move to the desired field.

**ENTER PAGE AT WHICH**
   **TO BEGIN (IF OTHER THAN 1):**         The default is '1', you may change the number to specify any page number, as long as it is a valid page number.

**ENTER 'T' TO GO DIRECTLY**
   **TO TOTAL PAGE:**                      Enter "T" on this line only if entering the system to check totals**.**

**ENTER 'M' TO RETURN**
   **TO MENU*:***                          Enter "M" if you are in the Salaries of current employees section in error, or you decide not to process the section at this time.

**ENTER SSN AT WHICH TO BEGIN**:          Enter employee's SSN here if you wish to begin the display of permanent personnel records with a selected record instead of paging through the records.

3. Press the "ENTER" key to proceed to the next screen.

```
 Sel: _ (2) 11/15/01 Part I(A) Sal of Cur Perm Empl     SCB9UO02  Page:   1
      YY: 2004   Loc: 008 Off: 304  Officer: John T. Monroe

      POS       SSN        Last Name                   Init          Re-  Ann
 *Yrs - Mo Hrs Ann Sal Loc Sal  Tot Sal Amt Req       Sal   Class  class Sal
   Emp    Wk   Approv  Suppl  Inc Sup  Above    Amt Req               Adj
 _   00004  222222222  FORD                          MD
            39615                                    39615   CS11
 * 20 - __ 40.0  39615  _____    39615             39615   _____  _____   Y

 _   00011  333333333  TERRY                         WL
            21247                                    21247   CS7
 *  4 - __ 40.0  21247  _____    21247             21247   _____  _____   Y

 _   00008  888888888  CARND                         R
            31015                                    31015   CS7
 *  7 - __ 40.0  31015  _____    31015             31015   _____  _____   Y

 _   00007  555555555  THOMAS                        KL
            32426                                    32426   CS7
 *  2 -  2 40.0  32426  _____    32426             32426   _____  _____   Y
```

**Figure 6**

## SCREEN PERMANANT EMPLOYEES

This screen displays each position record for your office.  There are up to four records displayed on each screen.  There will be as many screens as are required to display all position records for your office.  The position number, social security number, last name, initials, annual salary for the position, salary amount requested, class code, hours worked and the annual salary adjustment indicator are initially supplied for each position. For each position you must enter years/months employed (if not supplied) and the local salary supplement. You may also correct the class code, request a reclassification of the class code, and request an amount above the current salary for the position.  If salary adjustments are made to the salary amount requested the system will calculate the difference from the annual salary approved and place the difference in the amount requested above field.

*Tip:  **When the same employee remains with the same position number  they had last fiscal year, the "Years Of Service" will be supplied based upon the number of years entered last year, plus 1 year.  The "Hours Required To Work Per Week" will be supplied as entered last year for all positions on last year's budget request.  For NEW positions, you will be required to enter both the "Years of Service" & "Hours required to work per week".  Be careful, as the system will not let you proceed to the next screen until all required fields are completed.***

**Note**: Positions listed as "EC7", "ECS7", etc. were granted as Temporary Positions(s) funded through 6/30/02.  Please explain why the Temporary Position(s) will continue to be needed.  You may use the Comment Screens, menu selection "E", to record this explanation.

***PERSONNEL CHANGES (CB10S) PROCESSED BY THE COMPENSATION BOARD TECHNICIANS DURING THE TIME PERIOD THAT THE ONLINE BUDGET SYSTEM IS AVAILABLE TO YOUR OFFICE WILL AUTOMATICALLY UPDATE PERSONNEL AND SALARY INFORMATION TO THIS SCREEN.  PLEASE BE AWARE OF ANY PENDING CB10S YOU HAVE THAT WILL BE PROCESSED DURING THIS PERIOD AND PRIOR TO THE SIGN OFF OF YOUR ONLINE BUDGET REQUEST.  THE PROCESSING OF A CB10 WILL ELIMINATE ANY SALARY INCREASE AND/OR RECLASSIFICATION REQUEST PREVIOUSLY ENTERED ON THIS SCREEN FOR THE AFFECTED POSITION IF THE OFFICER HAS NOT YET SIGNED OFF ON THE COMPLETED BUDGET REQUEST.  IF THE TYPE OF REQUEST ENTERED FOR THE AFFECTED POSITION PRIOR TO THE PERSONNEL CHANGE IS STILL DESIRED AFTER THE PERSONNEL CHANGE, THE REQUEST WILL NEED TO BE RE-ENTERED PRIOR TO SIGN OFF BY THE OFFICER.***

# PART I (A) SALARY OF CURRENT PERMANENT EMPLOYEES

1. Press the "TAB" key to move to the next field of entry, or, hit the enter key and the cursor will move to the next required field.

2. Type "X" on the line next to the position number, ONLY if the supplied Social Security Number or Last Name is incorrect, or has not been updated with an approved on-line CB10. This action will take you to another screen after all information on this screen has been entered. Please turn this page to see the screen print and for instructions on entering information on the screen .

3. Press the "TAB" key to move to the next field of entry.

4. The rows and corresponding field names that are marked with an asterisk (*) identify the fields and lines in each position record that may be altered.

5. The number displayed in parentheses (2) next to the SEL:__field is used to redisplay the screen for data entry without returning to the main menu, when number is entered in SEL_.

   **Field 1: Yrs Worked**: Enter the number of years employed in a Compensation Board full time approved position. **Supplied for employees with <u>same position number</u> as last fiscal year.**

   **Field 2: Months Worked**: Enter the number of months employed if less than one year, or the number of months in excess of the full year. The value entered may be 00-11. **Supplied for employees with <u>same position number</u> as last fiscal year.**

   **Field 3**: **Hrs Worked**: Enter the hours required to be worked per week, if hours supplied (37.5) is incorrect. **Supplied for all positions, with exception of "NEW" positions**

   **Field 4: Ann Sal Approv**: Enter correct salary here, if the supplied Annual Salary Approved is incorrect.

   **Field 5: Loc Sal Suppl**: Enter the amount the position is supplemented by the locality, enter 0 if no supplement.

   **Field 6: Tot Sal Inc Sup**: **This field will be calculated for you**: Compensation Board Approved Salary plus the Locality Supplement.

   **Field 7: Amt Req Above:** **This field will be calculated for you** if you change the Salary amount requested.

   **Field8: Sal Amt Req**: Enter here, if the salary supplied is different than the salary you desire for this employee.

   **Field 9: Class:** Enter **correct** Class here, if the Class supplied is incorrect.**(Not for RECLASS)**

   **Field 10: ReClass**: Enter here, if you are requesting a **RECLASS** for the employee currently in this position. You Must Provide A Job description for each position you are requesting to be reclassified, <u>or</u> have Delegation of Classification Authority. **(DO NOT ENTER AN ONLINE CB10 FOR THIS REQUEST)**

   **Field 11: Sal Adj:** Make a change here only if you do not wish the employee listed to receive an annual salary increase. Enter "N" for no.

6. After all information has been entered on the screen, press the "Enter" key.

7. Press the "Enter" key to proceed to the next screen, or

8. Type "M" in SEL: to go back to the main menu.

**NOTE: The Message: " * NOT ON SCALE" will appear at the bottom of your screen if the Class or Salary Requested is not a valid class or salary. An (*) will also appear beside that position number for Compensation Board to Correct.**

```
Sel: _ (2) 11/15/01 Part I(A) Sal of Cur Perm Empl     SCB9UO02  Page:   1
        YY: 2004   Loc: 003 Off: 304  Officer: JOHN T MONROE


      POS     +---------------------------------------------------+ Ann
 *Yrs - Mo Hrs |                                                   | Sal
   Emp   Wk  |  Sel:                                   SCB9UO02 | Adj
  X   00004   2 |              SSN and Name Changes for            |
            |       11/15/01  Current Permanent Employees      |
 * 20 - __ 40.0 |                                                   |  Y
            |     YY: 2004 Loc: 003 Off: 304                    |
   _    00011   2 |             Officer: John T. Monroe               |
            |                                                   |
 *  4 - __ 40.0 |  Pos      SSN         Last Name        Init   |  Y
            |    00004  123456789    TERRY              MD    |
   _    00008   2 |           888888888   JOHNSON_____  MD_   |
            |                                                   |
 *  7 - __ 40.0 |                                                   |  Y
            |                                                   |
   _    00007   2 |                                                   |
            |                                                   |
 *  2 -  2 40.0 |                                                   |  Y
            |                                                   |
            +---------------------------------------------------+
```

**Figure 7**

## SOCIAL SECURITY NUMBER AND NAME CHANGE

This window within the permanent employee screen will display the position number, social
security number, last name, and initials of the current employee in the selected position and
allow the correction of the SSN, the last name or the initials.

## *Social Security Number And Name Changes*

1. Type "X" on the line next to the position number.
2. Press "TAB" to "Annual Salary Approved" <u>only</u> if the salary is incorrect on this screen and you have an approved CB10.
3. Press the "ENTER" key.
4. Press the "TAB" key to move to the next field of entry

   **Field 1: SSN#:**     Enter the Employee's correct Social Security Number, if the supplied number is incorrect, "TAB"

   **Field 2: Last Name**:     Enter the Employee's Last Name, "TAB"

   **Field 3: Init**:     Enter the Employee's first and middle initials.

5. Press the "Enter" key after completing requested information to return to the previous screen, (Permanent Personnel).

   **Note**: Positions listed as "EC7", "ECS7", etc. were granted as Temporary Positions(s) funded through 6/30/02.  Please explain why the Temporary Position(s) will continue to be needed.  You may use the Comment Screens, menu selection "E", to record this explanation.

**The CB10s will update your permanent personnel screen on the OFFICERS LINE (2$^{ND}$ LINE ) when the pending CB10s are approved by your program technician.  When entering CB10s with effective dates of January 1$^{st}$ - 31$^{ST}$ , please be sure to check your permanent personnel screens to make sure  the CB10s have not affected your intended salary request for that position. Once the Officer has certified his request (signed-off). CB10s will then update the Compensation Board line (3$^{rd}$ Line).**

```
Sel: _ (2)              Part I(A) Sal of Cur Perm Empl              SCB9UO02
 11/15/01

YY: 2004   Loc: 003  Off: 304  Officer: JOHN T. MONROE
Total Part I(A)


             Ann Sal      Loc Sal      Tot Sal      Amt Req      Sal Amt
              Approv       Suppl       Inc Sup       Above         Req

             358841                                               358841
             358841           0        124303    +        0       358841
                  0                          0    +        0            0
```

**Figure 8**

### PERMANENT EMPLOYEES TOTAL SCREEN

The PART I (A) salary totals for the current permanent employees for your office are displayed on this screen.

## PART I (A) TOTAL SALARY OF CURRENT PERMANENT EMPLOYEES

1.  The 1$^{st}$ line of totals is supplied, based on salaries as approved December 31.

2.  The 2$^{nd}$ line of totals is re-calculated based on changes made to the current permanent employees' salaries and amounts requested. Please check the amounts on the 2$^{nd}$ line, for substantial differences from the supplied information, as there may be a chance for keying errors.

3.  The 3rd line of totals will reflect CB approved amounts on and after May 1.

4.  Press the "Enter" key to proceed to the next screen, or

5.  Type "M" in SEL__: to go back to the main menu.

```
Sel: _ (3)              Part I(B) Additional Empl Req     SCB9UO04  Page:  1
  11/15/01
 YY: 2004  Loc: 003  Off: 304   Officer: JOHN T. MONROE
           Class      Entry     Num of      Total Amt
                      Lev Sal   Positions      Req
           L7___      _21726      __

           C7___      _21726      __

           CS7__      _21726      __

           SECI_      _16996      __

           COMOP      _16996      __

           CK A_      _16996      __

           _PMED      _14166      __

           _PTRT      _14166      __
```

**Figure 9**

### ADDITIONAL POSITIONS SCREEN

This screen will be displayed from selection "3" on the On-line Budget Menu. The screen will display predefined classes for each office along with the entry level salary for each class. You may request additional positions of a predefined class or enter a request for a class that has not been predefined for your office. If additional positions are requested, the system will calculate the total amount for each class based on the number of positions requested.

## PART I (B) ADDITIONAL EMPLOYEES REQUESTED

Note: Complete this section to request additional full-time Compensation Board funded positions.

1.     Press the "TAB" key to move to the next field of entry.

2.     Complete this section - **These are required fields**, you <u>must</u> enter a '0' or the number of additional full-time Compensation Board funded positions requested.

| | |
|---|---|
| **Field 1**: **Number of Positions:** | Enter '0' or the number of positions requested. "TAB" to the next field. |
| **Field 2: Number of Positions:** | Enter '0' or the number of positions requested. "TAB" to the next field. |
| **Field 3: Number of Positions:** | Enter '0' or the number of positions requested. "TAB" to the next field. |
| **Field 4: Number of Positions:** | Enter '0' or the number of positions requested. "TAB" to the next field. |
| **Field 5: Number of Positions:** | Enter '0' or the number of positions requested. "TAB" to the next field. |
| **Field 6: Number of Positions:** | Enter '0' or the number of positions requested. "TAB" to the next field |
| **Field 7: Number of Positions**: | Enter '0' or the number of positions requested. "TAB" to the next field. |
| **Field 8: Number of Positions:** | Enter '0' or the number of positions requested. |

3.     Press the "Enter" key after completing the information requested.

4.     Press the "Enter" key to proceed to the next screen for additional positions that can be requested, or

5.     Type "M" in SEL: to go back to the main menu.

**NOTE:     The Compensation Board approved workload based staffing standards as recommended by the Virginia Sheriffs Association.  Any new positions approved by the General Assembly or any reallocated positions will be allocated by the Compensation Board in FY04, as they were in FY03, based upon the request of the Sheriff and in accordance with the Compensation Boards staffing standards.  Please see the Compensation Board Operating Manual for Compensation Board criteria for allocating new positions.**

```
Sel: _ (3)          Part I(B) Additional Empl Req     SCB9UO04  Page:  2
  11/15/01
 YY: 2004  Loc: 003  Off: 304   Officer: JOHN T MONROE
          Class      Entry     Num of        Total Amt
                     Lev Sal   Positions        Req
          _PCLS      _14166      __

          _PREC      _14166      __

   OTHER  _____    _____      __

          _____    _____      __
```

**Figure 10**

### SECOND SCREEN FOR ADDITIONAL POSITIONS

This 2nd screen of the process will display 2 additional positions and fields to request positions
in classes not prelisted or for salaries above the entry level for classes prelisted.

## PART I (B) ADDITIONAL EMPLOYEES (second screen)

1. Press the "TAB" key to move to the next field of entry.

2. Complete this section - **These are required fields**, you must enter a '0' or the number of additional full-time Compensation Board funded positions requested.

   | | |
   |---|---|
   | **Field 1**: **Number of Positions:** | Enter '0' or the number of positions requested. "TAB" to the next field. |
   | **Field 2: Number of Positions:** | Enter '0' or the number of positions requested. "TAB" to the next field. |
   | **Field 3: Class:** | Enter the Name of Class requested (this must be a CB defined class), if other than the classes listed above, or leave blank and "TAB" to the next field. |
   | **Field 4: Entry Lev Sal:** | Enter Salary requested or leave blank if no CLASS request was entered in the previous field |
   | **Field 5: Number of Positions:** | Enter number of positions requested or leave blank if no CLASS request was made. |
   | **Field 6: Class:** | Enter the Name of Class requested (this must be a CB defined class), if other than the classes listed above, or leave blank and "TAB" to the next field |
   | **Field 7: Entry Lev Sal:** | Enter Salary requested or leave blank if no CLASS request was made in the previous field |
   | **Field 8: Number of Positions:** | Enter number of positions requested or leave blank if no CLASS request was made. |

3. Press the "Enter" key after completing the information requested.

4. Enter the number displayed in parentheses (3) in the SEL ＿, to redisplay the screen for data entry without returning to the main menu, or

4. Press the "Enter" key to proceed to the next screen, or

5. Type "M" in SEL: to go back to the main menu.

```
Sel: _ (3)              Part I(B) Additional Empl Req           SCB9UO04
 11/15/01                      Office Total

YY: 2004  Loc: 003  Off: 304   Officer: JOHN T MONROE

  Total Part I(B)
                          Total
        Class     Entry   Num of       Total Amt
                  Lev Sal Positions       Req

                            6          105776
```

**Figure 11**

## TOTAL ADDITIONAL EMPLOYEES SCREEN

This screen will display the total number and total salaries of additional positions requested

*This page was intentionally left blank*

```
Sel: _  (4)              Part II Part Time Emp Funding              SCB9UO05
  11/15/01

YY: 2004  Loc: 003  Off: 304    Officer: JOHN T MONROE

        (A)              (B)            (C)
     Base Amt        Amt Req        Total
      Approv         Above/          Req
                      Below

       21661
       21661       _____          21661
```

**Figure 12**

## PART-TIME EMPLOYEES SCREEN

This is the initial screen that will be displayed when selection "4" is made on the On-line Budget Menu. The budgeted amount for the prior fiscal year for part time employee funding is displayed in Column (A). You must enter a request for either an additional amount, a reduced amount or no change in the amount from the prior year. If additional or reduced funding is requested the system will recalculate the total amount requested.

## PART II. PART-TIME EMPLOYEE FUNDING

*The "Base Amount Approved for the Current Fiscal Year" has been supplied. Please check this amount to your Original July 1 Approved Budget to make sure that transfers approved during the current year are not included in this figure, unless the approved Compensation Board transfer letter states approval of a BASE BUDGET ADJUSTMENT.*

1.  Complete this section - **These are required fields**.

2.  Press the "TAB" key to go to the next field of entry.

|  |  |
|---|---|
| **Field 1: Base Amt Approved**: | Enter here only if the base amount shown is different than the July 1 Compensation Board Approved Budget. This amount could change due to Compensation Board Action. |
| **Field 2: Amt Req Above/Below:** | Enter '0', the additional amount or a lesser amount. For the lesser amount enter (-) in front the amount. |
| **Field 3: Total Req:** | This field will be calculated for you. |

3.  Press the "Enter" key after completing the information requested.

4.  Press the "Enter" key to proceed to the next screen, or

5.  Type "M" in SEL__: to go back to the main menu.

```
Sel: _ (5)  Part II(B) Pos Fully or Part Funded by    SCB9UO06  Page: 1
   11/15/01   CB, Loc or Other not incl in Part I(A)
   YY: 2004   Loc: 003  Off: 304  Officer: JOHN T MONROE
   Last Name          Init    Class   Hr  Annual   Tot
                                      Rate Wrk Hr  Funds   CB Loc Fed Other
     THOMAS_____  S__   L7___   _10.04 2080   20883  X   X
     JAMES_____  T__   C7___   __9.50 2080   19760  X
     COOPER_____  J__   C7___   __9.82 _500    4910  X




                                      _____


                                      ____
     TRANSACTION PROCESSED SUCCESSFULLY            Tot Funds:     45553
```

**Figure 13**

**POSITIONS FULLY OR PARTIALLY FUNDED SCREEN**

This is the initial screen that will be displayed when selection "5" is made on the On-line Budget
Menu.  This screen should be used to enter salary information of positions fully or partially
funded by the Compensation Board, the Locality or other sources.  This does not include
positions identified as current permanent employees in Part I(A), which may be supplemented by
another source.  For each temporary employee for whom reimbursement will be requested from
CB approved part time funding, you must provide the last name, the initials, the class, the hourly
rate, the planned number of hours to be reimbursed for the fiscal year and the source(s) of funding
for the personnel.  Upon entry of the required fields, the system will calculate the fund amount for
each person and the total funds for your office.

## PART II (B) POSITIONS FULLY OR PARTIALLY FUNDED BY CB, LOC OR OTHER NOT INCLUDED IN PART I(A)

Complete this section - Do not include employees listed in Part I (A) Salaries of Permanent Employees. These fields are not required unless a name is entered in field 1. Therefore, **do not type** "NONE" if you do not have an employee of this type. If you enter a last name, you must also enter all of the information for that record.

1. If you enter Last Name (Field1), you must also enter a value in fields 2-5 and enter an "X" in at least one of fund source fields (7, 8, 9 or 10). You may enter an "X" in as many of the fields as are applicable for that record.

2. To delete an existing line from this screen, BLANK all the fields in which you have made an entry.

3. Press the "TAB" key to go to the next field of entry.

| | |
|---|---|
| **Field 1: Last Name:** | Enter the employee's last name; if the last name is unknown, type "UNKNOWN" in this field. |
| **Field 2: Init:** | Enter the employee's first & middle initials. |
| **Field 3: Class:** | Enter the employee's class. |
| **Field 4: Hr Rate:** | Enter the employee's hourly rate. |
| **Field 5: Annual Wrk Hr:** | Enter the total number of hours worked **annually**. |
| **Field 6: Tot Funds:** | **This field will be calculated for you** |
| **Field 7: CB:** | Enter "X", if employee is partially or fully funded by the Compensation Board from Part-time funds. |
| **Field 8: Loc:** | Enter "X", if employee is partially or fully funded by the Locality. |
| **Field 9: Fed:** | Enter "X", if employee is partially or fully Federally funded. |
| **Field 10: Other:** | Enter "X", if employee is partially or fully funded by other sources. |

4. Press the "Tab" key to go to Field 1 on the next line to list additional employees, or

5. Press the "Enter" key after completing the information requested.

6. Press the "Enter" key again to proceed to the next screen, or

7. Type "M" in SEL: to return to the Main Menu.

```
Sel: _ (6)           Part III Office/Vehicle Maintenance            SCB9UO07
   11/15/01                  Sheriffs/Regional Jails

  YY: 2004  Loc: 003 Off: 304   Officer: JOHN T MONROE

Stationery, Office Supplies, Printing (Forms and Letters)
Postage/Box Rental, Telephone (Tax Excluded),
Repairs to Office Furniture and Equipment,
Other Necessary Expenses Including Association Dues
Police Supplies for Sheriffs  Vehicle Expenses
Repairs to Police Radio Equipment



                                       (A)    +   (B)    =    (C)
                                     Base Amt    Amt Req     Total
                                      Approv     Above/       Req
                                                 Below
   Total Office Expenses (Part III)    19059
                                       19059    _____      19059
```

**Figure 14**

## OFFICE EXPENSE SCREEN

This is the initial screen that will be displayed when selection "6" is made on the On-line Budget Menu for your office.  The total office expenses for the prior year will be displayed.  You must enter a request to increase, decrease or retain the same amount as the base amount approved by entering an amount in the "amount requested above/below approved" field.  The system will recalculate the office total based on the amount entered.

## PART III. OFFICE EXPENSES

**The amount requested above/below is a required field**. Participation of the Compensation Board in Office Expenses is limited to certain items as provided by the Code of Virginia (1950), as amended. Any additions or transfers made during the current fiscal year may be included in the supplied figures. Please check the supplied amount to your original Compensation Board approved Budget, and approval letters affecting the base budget.

1.  Complete this section - These are required fields.

2.  Press the "TAB" key to go to the next field of entry.

    **Field 1: Base Amt. Approved:**        Enter here only if the base amount shown is different than the July 1 Compensation Board Approved Budget. This amount could change due to Compensation Board action.

    **Field 2: Amt Req Above/Below Approved:** Enter '0', an additional amount or a lesser amount. For a lesser amount enter (-) in front of the amount.

    **Field 3: Total Request:**               **This field will be calculated for you.**

3.  Press the "Enter" key after completing the information requested.

4.  Press the "Enter" key again to proceed to the next screen, or

5.  Type "M" in SEL to return to the main menu.

```
Sel: _ (7)  Part IV Equipment   DATA PROCESSING          SCB9UO08  Page:  1
 11/15/01   YY: 2004   Loc: 003  Off: 304  Officer: JOHN T MONROE
 Category: A
*Unit Cst   N Qty    N Tot Cost   R Qty   R Tot Cost   Tot Qty   Tot Cost
  VCIN PACKAGE
*  ___6172      __                       __

  LIVESCAN
*  ___39000     __                       __

  FILE SERVER
*  _____      __                       __

  MODEM
*  _____      __                       __

  PERSONAL COMPUTER
*  _____      __                       __

  PRINTER
*  _____      __                       __
```

**Figure 15**                    **CATEGORY A**

```
Sel: _ (7)  Part IV Equipment   DATA PROCESSING          SCB9UO08  Page:  2
 11/15/01   YY: 2004   Loc: 003  Off: 304  Officer: JOHN T MONROE
 Category: A
*Unit Cst   N Qty    N Tot Cost  R Qty   R Tot Cost   Tot Qty   Tot Cost
  SCANNER_____
*  _____      __                       __

  _____
*  _____      __                       __

  _____
*  _____      __                       __

  _____
*  _____      __                       __

  _____
*  _____      __                       __
```

**Figure 16**                    **CATEGORY A  (SECOND SCREEN)**

These screens will be displayed when selection "7" is made on the On-line Budget Menu. These
screens allow the entry to request data processing equipment items along with the unit cost and
quantity.  The system will calculate the total amount for each item and the total amount for all
items for your office.

1. Complete this section for data processing equipment, press enter if you are not making a request for prelisted equipment.

2. Please refer to your Compensation Board Operating Manual, Appendix I, for minimum specifications and recommendations for reimbursement of personal computers.

3. "TAB" to the asterisks (*) line of the desired prelisted equipment.

    **Field 1: Equip:**      Prelisted, not accessible

    **Field 2: Unit Cost:**  Enter unit cost of the equipment requested.

    **Field 3: N Qty:**      Enter the quantity here if this is NEW equipment that you do not presently have.

    **Field 4: R Qty:**      Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

4. Press the "Enter" key after entering all requested prelisted data processing equipment.

5. Press the "Enter" key to proceed to the next screen if you do not wish to make a request in a particular category.

    **Second Screen:**

    **Field 1: Equip:**      Enter the type of equipment requested if not on the prelisted screen (example: disk drive, memory upgrade, etc.)

    **Field 2: Unit Cost:**  Enter unit cost of the equipment requested.

    **Field 3: N Qty:**      Enter the quantity here if this is NEW equipment that you do not presently have.

    **Field 4: R Qty:**      Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

6. Press the "Enter" key after entering requested information.

7. You may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.

8. Press the "Enter" key again to proceed to the next process, or

9. Type "M" in the select field to return to the menu.

    **NOTE: The Compensation Board may require justification for these items upon review of your budget request.**

```
Sel: _ (7)  Part IV Equipment   OFFICE EQUIPMENT            SCB9UO08  Page:  1
 11/15/01   YY: 2004   Loc: 003  Off: 304  Officer: JOHN T MONROE
 Category: B
*Unit Cst   N Qty    N Tot Cost  R Qty   R Tot Cost  Tot Qty   Tot Cost
   CALCULATOR
*  _____    __                    __

   COPIER
*  _____    __                    __

   FAX MACHINE
*  _____    __                    __

   MAIL MACHINE
*  _____    __                    __

   POSTAGE SCALE
*  _____    __                    __
   SHREDDER
*  _____    __                    __
```

**Figure 17**                                    **CATEGORY B**


**Figure 18**                        **CATEGORY B (SECOND SCREEN)**

## OFFICE EQUIPMENT SCREEN

These screens may be used for the request of office equipment. These screens allow entry to request office equipment items along with the unit cost and quantity.  The system will calculate the amount of each item and the total amount for all items for your office.

## PART IV EQUIPMENT
## *Office Equipment - Category B*

1.  Complete this section for Office Equipment, press enter if you are not making a request for prelisted equipment.

2.  "TAB" to the asterisks (*) line of the desired prelisted equipment

    **Field 1: Equip:**      Prelisted, not accessible.

    **Field 2: Unit Cost:**    Enter unit cost of the equipment requested.

    **Field 3: N Qty:**      Enter the quantity here if this is NEW equipment that you do not presently have.

    **Field 4: R Qty:**      Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

3.  Press the "Enter" key after entering all requested prelisted office equipment.

4.  You may request a second screen on which to enter a request for non-prelisted items by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.

    **Second Screen**:

    **Field 1: Equip:**      Enter the name of the type of equipment requested if not on the prelisted screen (example: adding machine, etc.)

    **Field 2: Unit Cost:**    Enter unit cost of the equipment requested.

    **Field 3: N Qty:**      Enter the quantity here if this is NEW equipment that you do not presently have.

    **Field 4: R Qty:**      Enter the quantity here, if you are requesting REPLACEMENT of existing equipment.

5.  Press the "Enter" key after entering requested information.

6.  Press the "Enter" key again to proceed to the next process, or

7.  Type "M" in the select field to return to the menu.

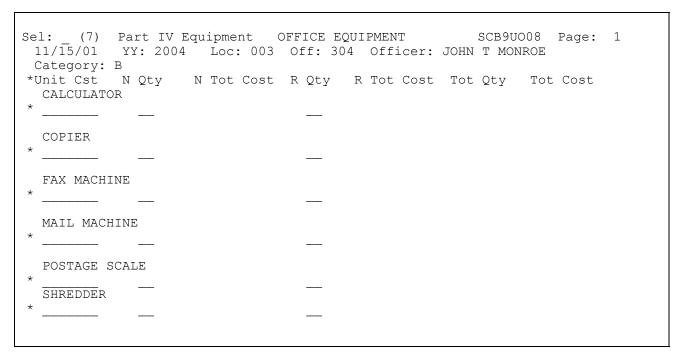    **NOTE: The Compensation Board may require justification for these items upon review of your budget request.**

```
Sel: _ (7)  Part IV Equipment  FURNITURE               SCB9UO08  Page: 1
 11/15/01  YY: 2004  Loc: 003  Off: 304  Officer: JOHN T MONROE
 Category: C
*Unit Cst   N Qty   N Tot Cost  R Qty   R Tot Cost  Tot Qty   Tot Cost
  BOOKCASE
*  _____    __                  __
  CHAIR
*  _____    __                  __
  DESK
*  _____    __                  __
  FILE CABINET
*  _____    __                  __
  WORK STATION
*  _____    __                  __
  _____
*  _____    __                  __
```

**Figure 19**

## CATEGORY C
This screen may be used to request funding for furniture.

## PART IV. EQUIPMENT
### Furniture - Category C

1.  Complete this section for Furniture, press enter if you are not making a request for prelisted furniture.

2.  "TAB" to the asterisks (*) line of the desired prelisted furniture

    **Field 1: Equip:**    Prelisted, accessible only on last line to request a non-prelisted item.

    **Field 2: Unit Cost:**  Enter unit cost of the furniture requested.

    **Field 3: N Qty:**    Enter the quantity here if this is NEW furniture that you do not presently have.

    **Field 4: R Qty:**    Enter the quantity here, if you are requesting REPLACEMENT of existing furniture.

5.  Press the "Enter" key after entering requested information.

6.  If you have filled the last blank on screen #1, you may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.

7.  Press the "Enter" key again to proceed to the next process, or

8.  Type "M" in the select field to return to the menu.

    **NOTE: The Compensation Board may require justification for these items upon review of your budget request.**

37

```
Sel: _  (7)  Part IV Equipment  RADIO EQUIPMENT           SCB9UO08  Page:  1
 11/15/01   YY: 2004   Loc: 003  Off: 304  Officer: JOHN T MONROE
 Category: D
*Unit Cst   N Qty   N Tot Cost  R Qty   R Tot Cost  Tot Qty   Tot Cost
  BASE STATION
* _____    __                      __

  HAND HELD MOBILE
* _____    __                      __

  MOBILE
* _____    __                      __

  _____
* _____    __                      __

  _____
* _____    __                      __

  _____
* _____    __                      __
```

**Figure 20**                              **CATEGORY D**


## <u>THIS SECTION APPLIES TO SHERIFFS' WITH LAW ENFORCEMENT RESPONSIBILITIES ONLY.</u>

This screen can be used to request funding for radio equipment.

## PART IV. EQUIPMENT

### Radio Equipment - Category D

**THIS SECTION APPLIES TO SHERIFFS' WITH LAW ENFORCEMENT RESPONSIBILITIES ONLY.**

1. Complete this section for Radio Equipment, press enter if you are not making a request for prelisted radio equipment.

2. "TAB" to the asterisks (*) line of the desired prelisted radio equipment.

   **Field 1: Equip:** Prelisted, accessible only on last three lines to request non-prelisted items.

   **Field 2: Unit Cost:** Enter unit cost of the radio equipment requested.

   **Field 3: N Qty:** Enter the quantity here if this is NEW radio equipment that you do not presently have.

   **Field 4: R Qty:** Enter the quantity here, if you are requesting REPLACEMENT of existing radio equipment.

3. Press the "Enter" key after entering requested information.

4. If you have filled the last blanks on screen #1, you may request a second screen by entering a "Y" at the bottom of the screen in answer to the prompt to go to a second screen.

5. Press the "Enter" key again to proceed to the next process, or

6. Type "M" in the select field to return to the menu.

   **NOTE: The Compensation Board may require justification for these items upon review of your budget request.**

```
 Sel: _ (7)              Part IV Equipment                    SCB9UO08
   11/15/01                 Office Total
  YY: 2004  Loc: 003 Off: 304 Officer: JOHN T MONROE

N Qty    N Tot Cst   R Qty   R Tot Cst   Tot Qty  Tot Cost    Stress Factor
TOTAL CATEGORY A:   (DATA PROCESSING)
   6        13650                          6        13650         9317

TOTAL CATEGORY B:   (OFFICE EQUIPMENT)
   4         6300                          4         6300         4300

TOTAL CATEGORY C:   (FURNITURE)

TOTAL CATEGORY D:   (RADIO EQUIPMENT)



Grand Total:
  10        19950                         10        19950        13617
```

**Figure 21**

## TOTAL EQUIPMENT SCREEN

This screen will be displayed if you depress the enter key after processing the other equipment screens when the select field is blank.  The totals for each category of equipment funding will be displayed as well as the total for the office for all categories and the stressed totals for the office for all categories..  Your office will have equipment Categories A, B, C and D.

**This page left intentionally blank.**

```
Sel: _  (A)  Part V Workload Measures Sheriffs/Regional Jails      SCB9US21
  11/15/01   YY: 2004  Loc: 003  Off: 304   Officer: JOHN T MONROE
 1.  CIVIL                                          CY99    CY00    CY01
     Subpoenas Served                               9359    8659    8659
     Jury Summons Served                               0     798     798
     Criminal Warrants Served                        194     346     346
     DMV Notices Served                               79       0      79
     Levies Executed                                  72      34      50
     Other Civil Process Served                    16382   18000    1800
 2.  INMATES
     Inmate Transports Other than to Loc Crts        208     328     328
     Mental Patient Trips within Jurisdiction         64      83      83
     Mental Patient Trips out of Jurisdiction         16       0       0
     Extraditions Completed                            2       4       4
     Fed Prisoner Days               5
     Fed Prisoner Amt per Day        $2.00
```

**Figure 22**                    **WORKLOAD MEASURES SCREEN**

This screen will be displayed when "A" is selected on the On-line Budget Menu or when the enter key is depressed on the Equipment totals screen and the select field is blank. This screen must be processed and an amount must be entered for each workload factor for the most recent ending calendar year. The screen will also display the amounts for the previous two calendar years.

## PART V. WORKLOAD MEASURES

Please provide requested information in accordance with Section 15.2-1636.7, Code of Virginia. Information requested is based **on the most recent calendar year**.

1.  Turn to the next page or last Workload Screen in this section (PART V) to see definitions for each Workload Measure requested on the screen(s).

2.  Press the "TAB" key to go to the first field of entry. **These are required fields**.

3.  Enter the number of transactions for each workload measure listed, if not applicable to your office enter '0', and "TAB" to the next field. (Do Not Leave Blanks or the system will not let you proceed to the next screen)

4.  Repeat this process until you have entered the number of transactions for each workload measure listed on this screen.

5.  Press the "ENTER" key after entering the information requested.

6.  Press the "ENTER" key again to proceed to the next screen or,

7.  Type "M" in SEL__: (at the top of the screen) to return to the main menu.

## 1. CIVIL  ( PERSONAL SERVICE ONLY, DO NOT INCLUDE 'MAILED' SERVICES)

**1a.** **SUBPOENAS SERVED:** Enter the number of subpoenas served.

**1b.** **JURY SUMMONS SERVED:** Enter the number of jury summons served.

**1c.** **CRIMINAL WARRENTS SERVED:** Enter the number of criminal warrants served.

**1d.** **DMV NOTICES SERVED:** Enter the number of DMV notices served.

**1e.** **LEVIES EXECUTED:** Enter the number of levies executed.

**1f.** **OTHER CIVIL PROCESS SERVED:** Enter the number of civil process served.


## 2.  INMATES

**2a.** **INMATE TRANSPORTS:** Enter the number of trips to transport inmates to doctor, hospital, courts outside jurisdiction, other jails, Department of Corrections.  Do not include transports to court in your jurisdiction.

**2b.** **MENTAL PATIENT TRIPS WITHIN JURISDICTION:** Enter the number of trips to transport mental patients within jurisdiction.

**2c** **MENTAL PATIENT TRIPS OUT OF JURISDICTION:** Enter the number of trips to transport mental patients out of jurisdiction.

**2d.** **EXTRADITION COMPLETED:** Enter the number of trips for Extraditions completed.

**2e.** **FED PRISONER DAYS:** Enter the number of Federal prisoner days, charged/sentenced, violation of U.S. Code.

**2f.** **FED PRISONER AMT:** Enter the amount charged per prisoner day (dollars and cents e.g. $30.00) to house Federal prisoners.

```
Sel: _  (A)   Part V Workload Measures Sheriffs            SCB9US21
  11/17/98

   YY: 2004  Loc: 003   Off: 304   Officer: JOHN T MONROE

3.  CIRCUIT COURT                                   CY99    CY00    CY01
    Circuit Court Days                              306     347    _____
    Avg Num Circuit Ct Judges       _____
4.  GENERAL DISTRICT COURT
    General District Ct Days                        214     266    _____
    Avg Num Gen Dist CT Judges      _____
5.  JUVENILE AND DOMESTIC RELATIONS COURT
    JDR Court Days                                  415     473    _____
    Avg Num JDR Judges              _____
```

**Figure 23**

### WORKLOAD MEASURES SECOND SCREEN

This screen will be displayed after the completion of the 1st screen of workload factors
when the enter key is pressed and the SEL field is blank. This screen must be processed and an
amount entered for the each workload factor for the most recent ending calendar year. The
screen will also display the amounts for the previous two calendar years.

### PART  V. WORKLOAD MEASURES (second screen)

Please provide requested information in accordance with Section 15.2-1636.7, Code of Virginia.
Information requested is based on **calendar year 2002**.

1.  Press the "TAB" key to go to the first field of entry. **These are required fields**.

2.  Enter the number of transactions for each workload measure listed, if not applicable to your
    office enter '0', and "TAB" to the next field.(Do Not Leave Blanks or the system will not let
    you proceed to the next screen)

3.  Repeat this process until you have entered the number of transactions for each workload
    measure listed on this screen.

4.  Press the "ENTER" key after entering the information requested.

5.  Press the "ENTER" key again to proceed to the next category or,

6.  Type "M" in SEL: (at the top of the screen) to return to the main menu.

### 3. CIRCUIT COURT

**3a.** **CIRCUIT COURT DAYS:** Enter the total number of court days of Circuit Court.

**3b.** **AVG NUM CIRCUIT CT JUDGES:** Enter the average number Circuit Court judges regularly sitting in your jurisdiction.

### 4. GENERAL DISTRICT COURT

**4a.** **GENERAL DISTRICT CT DAYS:** Enter the total number of court days of General District Court.

**4b.** **AVG NUM GEN DIST CT JUDGES:** Enter the average number of General District Court judges regularly sitting in your jurisdiction.

### 5. JUVENILE AND DOMESTIC RELATIONS COURT

**5a.** **JDR COURT DAYS:** Enter the total number of court days of Juvenile and Domestic Relations court.

**5b.** **AVG NUM JDR JUDGES:** Enter the average number of Juvenile and Domestic Relation court judges regularly sitting in your jurisdiction.

```
SEL: _  (B)                    CERTIFICATION OF                      SCB9UO13
   11/16/01            EMPLOYEE PERFORMANCE EVALUATION PLAN
  YY: 2004   LOC: 003    OFF: 304    OFFICER: JOHN T MONROE


CERTIFICATION       THE EMPLOYEE PERFORMANCE EVALUATION PLAN CURRENTLY IN EFFECT
OF EMPLOYEE         FOR THIS OFFICE, ADOPTED ON 06 / 01 / 1991 , INCORPORATES ALL
PERFORMANCE         OF THE FOLLOWING CRITERIA:
EVALUATION PLAN
                    1. JOB DESCRIPTION
                    2. WRITTEN PERFORMANCE PLAN
                    3. PERFORMANCE EVALUATION AND INTERVIEW WITH EMPLOYEE
                    4. SIGNATURES OF EMPLOYEE AND IMMEDIATE SUPERVISOR


                              APPROV ID: _____
******************************* O R *****************************************
CERTIFICATION OF   THIS OFFICE 'DOES NOT' CURRENTLY PARTICIPATE IN AN EMPLOYEE
NON-PARTICIPATION  PERFORMANCE EVALUATION PLAN WHICH MEETS THE CRITERIA SET
IN EMPLOYEE        BY THE COMPENSATION BOARD.
PERFORMANCE
EVALUATION PLAN


                              APPROV ID: _____
```
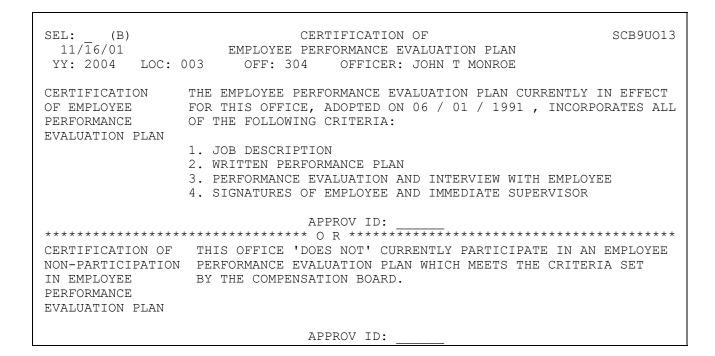
**Figure 24**

## EMPLOYEE PERFORMANCE EVALUATION PLAN SCREEN

This screen will be displayed when "B" is selected on the On-line Budget Menu or when the enter key is pressed at the completion of the workload measures process if the select field is blank. You are required to provide either the date of the establishment of your evaluation program and your user ID or your user ID if your office does not have an evaluation plan.

*The Date of the establishment of your evaluation program will be displayed as it was entered last year. If you no longer have an evaluation program or if you are a new officer and elect not to adopt the previous officer's evaluation program you may erase the date and enter your USER ID in the "DOES NOT" have an evaluation plan (lower portion of this screen).*

## *PART VI. CERTIFICATION OF EMPLOYEE PERFORMANCE EVALUATION PLAN*

Complete this section. **These fields are required**.

1. Press the "Tab" key to the desired field. Please enter your USERID on one line only (Field 2 or Field 3).

        **Field 1: Date adopted:**      Date Performance Evaluation Plan was adopted has been provided, if correct "TAB" to next field of entry. If that date is no longer applicable erase the date and enter the new date and "TAB" to the next field of entry, or if you have not adopted a pay for performance plan erase the date and "TAB" to Field 3.

        **Field 2: Office has Pay for**
            **Performance:**     Enter your USERID or "TAB" to the next Field.

        **Field 3: Office DOES NOT**
            **have PFP:**     Enter your USERID, if not entered in Field 2. Press the "ENTER" key after completing information requested.

2. Press the "ENTER" key again to proceed to the next category or,

3. Type "M" in SEL: (at the top of the screen) to return to the main menu.

## CRITERIA FOR AN EMPLOYEE PERFORMANCE EVALUATION PLAN

### Job Description
A detailed job description is maintained for each permanent employee, which provides the elements for evaluation on the employee's performance plan.

### Written Performance Plan
Each employee's performance plan identifies and prioritizes job elements based upon the employee's job description, states expectations for the acceptable level of performance for each job element, and addresses the extent to which external factors impact the employee's ability to perform the job. Factors, which are not related to the job, such as race, sex, religion, level of salary or physical condition, are not considered in the evaluation process.

### Performance Evaluation and Interview with Employee
The performance plan and evaluation expectations are discussed by the employee and his/her immediate supervisor at the beginning of the performance cycle and in at least one interview every 12 months. These meetings address ways to improve performance, note areas of improvement already achieved, and provide a forum for discussion of goals, expectations, and factors affecting performance.

### Signatures of Employee and Immediate Supervisor
Both the employee and the employee's immediate supervisor sign the performance plan and the evaluation; copies are made available to the employee and the originals are maintained in the employee's permanent personnel file.

```
 Sel: _  (C)          Budget Submission Checkoff List              SCB9UO11
    11/15/01                    Sheriffs


     YY: 2004  Loc: 003  Off: 304    Officer: JOHN T MONROE

1.  Verification or Corrections to Address, Phone and Fax info           Y
2.  Justification for Part Time (use the comment screen)                 Y
3.  Please enter name of the Contact Person Concerning this Budget
     Submission   JOHN T. MONROE_____










 TRANSACTION PROCESSED SUCCESSFULLY
```

**Figure 25**

## CHECKOFF LIST

This screen will be displayed when "C" is selected on the On-line Budget Menu or if you press
the enter key at the completion of the performance evaluation screen processing and the selection
field is blank. **You are required to complete the entry of the fields on this screen**.

1. Press the "TAB" key to go to the desired field.

2. Enter a "Y" in the fields provided to indicate the required functions have been performed. Enter "N" in the instance a function is not applicable, "TAB" to the next field.

3. Repeat this process until you have entered a "Y" or an "N" in all fields provided, and typed the name of the person to contact for questions when reviewing your budget request.

4. Press the "Enter" key after completing requested information.

5. Press the "Enter" key to proceed to the next category or,

6. Type "M" in SEL__: (at the top of the screen) to return to the main menu.

**NOTE: If the Sheriff or Superintendent is responsible for a Jail Facility you will see the question below:**

**IS THERE A PLANNED EXPANSION OF YOUR JAIL FACILITY?** __

> When entering "Y" and pressing the "Enter" key you will be prompted to a second screen and will be required to enter an estimated "Date of Completion". **This is the only required field on the second screen**

```
Sel:   (D)                                                          SCB9UO12
  11/15/01                       Certification of
                           Fiscal Year Budget Request
                        For Fiscal Year Ending June 30,  2004


 YY: 2004  Loc: 003  Off: 304   Officer: JOHN T MONROE


 I certify that this request represents an accurate statement of office
 workload data, salary supplements, locally funded positions and my
 anticipated funding needs for the upcoming fiscal year.  I have notified
 the Governing Body of my locality of the availability for review of the
 request and have provided them a copy of all documentation and justification
 forwarded to the Compensation Board.




 Approval
                         Loc Approval: SCB03_
                          CB Approval:



   ENTER REQ FLDS, PERM EMPL - SEL 2 - MENU
```

**Figure 27**

## CERTIFICATION SCREEN

This screen will be displayed when 'D' is selected on the On-line Budget menu, or if you press 'Enter' after completion of the check off list screen and the selection field is blank.  If you enter your user ID to submit your budget request and all screens that have required fields have not been processed, the system will not accept your sign off.  Under this condition, the system will inform you that a required process has not been completed and a message will direct you to the incomplete process selection on the On-line Budget Menu.  Once you have submitted your budget request you may not further modify your request.  From the time of your submission until the completion of the budget approval process you may view only your submission.  Upon approval of your budget, on May 1, you will be able to view your budget submission as approved, which will include any adjustments made by the Compensation Board.

**PLEASE CHECK YOUR REQUEST FOR ANY FINAL CHANGES. ONCE THE USER ID HAS BEEN ENTERED, THE OFFICER CAN NO LONGER MAKE CHANGES TO THE BUDGET REQUEST**.

1.  . "TAB" to the next field of entry.

        **Loc Approval:**       Enter your "**USER ID"**

2.  Press the "ENTER" key after completing information requested information.

3.  Press the "ENTER" key to proceed to the **Comment Screen**, or

4.  Type "M" to return to the main menu.

**TIP: If your screen has the error messages as shown at the bottom of the screen print on page 50, you have not CERTIFIED. Please enter the number shown, "SEL 2", in the SEL field at the upper left hand corner of your screen to complete the required fields, and then return to the certification screen.**
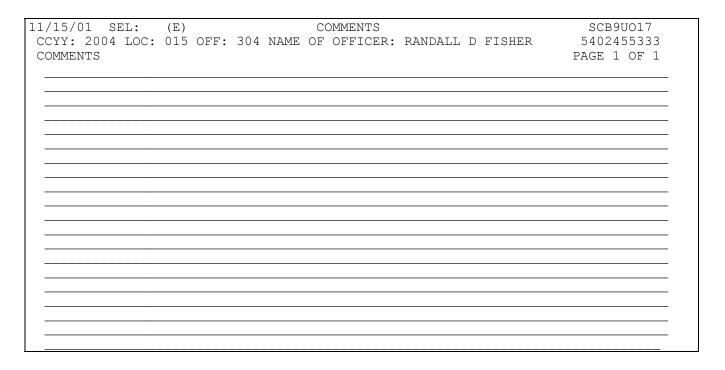
```
11/15/01  SEL:  (E)                    COMMENTS                         SCB9UO17
 CCYY: 2004 LOC: 015 OFF: 304 NAME OF OFFICER: RANDALL D FISHER     5402455333
 COMMENTS                                                          PAGE 1 OF 1

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```

**Figure 28**

## COMMENT SCREEN

These screens will be displayed when "E" is selected on the On-line Budget Menu.  There are 40 lines on two screens that allow the entry of comments in a free form format.  The use of these screens is optional and the data entered is not edited.

## COMMENT SCREENS

This screen is available for any information you feel is necessary for the Compensation Board to know about your on-line budget request.  There are only two screens available for your comments, so keep this in mind, as you may wish to send paper documentation for more detailed comments.

1.  Please remember this screen will **Time Out**. Start typing the information you would like to convey, after about 5 minutes:

2.  Press the "Enter" key and then enter **"E"** in the **SEL__** (at the top of your screen).

3.  Press "Enter" again, this will refresh the screen and avoid losing the information you typed.

4.  Please reference the section of the on-line budget request your comments are referring to, e.g.. (5. PART II PART-TIME EMPLOYEE FUNDING).